

Mar. 1. 1999 3:45PM AON RISK SERVICES

No. 0452 P. 2/2

ACORD CERTIFICATE OF LIABILITY INCIDENCE DATE MM/DD/YY

ACORD CERTIFICATE OF LIABILITY INSURANCE PAGE 1 OF 2DATE (MM/DD/YY)
1-MAR-1999

PRODUCER
Willis Corroen Corporation of Maryland
10 North Park Drive
Hunt Valley MD 21030
(410) 527-1200

57928

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION
ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE
HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR
ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

COMPANIES AFFORDING COVERAGE

COMPANY Federal Insurance Company

A

COMPANY Pennsylvania Manufacturers' Association Insurance
B Company

COMPANY

C

COMPANY

D

Sara Hansbury

INSURED

PJAX Inc
P.O. Box 1290
Gibsonia PA 15044



CERTIFICATE OF INSURANCE

PAGE 2 OF 2

ISSUE DATE (MM/DD/YY)
1-MAR-1999

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Sara Hansbury

COVERAGES

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED, NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS MAY HAVE BEEN REDUCED BY PAID CLAIMS.

TYPE OF INSURANCE

POLICY NUMBER

POLICY EFFECTIVE
DATE (MM/DD/YY)POLICY EXPIRATION
DATE (MM/DD/YY)

LIMITS

9954137

03/01/1999 03/01/2000

Issuing Carrier: Federal Insurance Company

CERTIFICATE HOLDER

PA.

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 60 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE